#3/A 4.24.02 nt P

Attorney's Docket No. 016800-438

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re l	Patent Application of))					
Olivie	r DE LACHARRIERE et al.) Group Art Unit: 1619					
Applic	cation No.: -09/391,394) Examiner: L. Wells					
Filed:	09 841, 078 April 25, 2001) }					
For:	USE OF A HISTAMINE ANTAGONIST AN INTERLEUKIN-1 ANTAGONIST AND/OR TNF-ALPHA ANTAGONIST IN A COSMETIC, PHARMACEUTICAL OR DERMATOLOGICAL COMPOSITION AND COMPOSITION OBTAINED))))))))))					
	AMENDMENT/REPLY TI	RANSMITTAL LETTER					
	ant Commissioner for Patents ngton, D.C. 20231						
Sir:							
E	Enclosed is a reply for the above-identified patent application.						
[[] A Petition for Extension of Time is also enclosed.						
į	[] A Terminal Disclaimer and a check for [] \$55.00 (248) [] \$110.00 (148) to cover the requisite Government fee are also enclosed.						
ſ	[] Also enclosed is						
ſ	[] Small entity status is hereby claimed.						
ſ	[] Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$370.00 (279) [] \$740.00 (179) fee due under 37 C.F.R. § 1.17(e).						
	[] Applicant(s) previously submitted _ requested.	_, on, for which continued examination is					
[Applicant(s) request suspension of action exceed three months from the filing of th § 1.103(c). The required fee under 37 C	by the Office until at least _, which does not is RCE, in accordance with 37 C.F.R. 5.F.R. § 1.17(i) is enclosed.					

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[]	A Request for Entry and Consideration	of Submission	under 37	C.F.R.	§ 1.129(a)
	(146/246) is also enclosed.				

- [X] No additional claim fee is required.
- [] An additional claim fee is required, and is calculated as shown below:

	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	Addt'l Fee
Total Claims		MINUS =		× \$18.00 (103) =	
Independent Claims		MINUS =		× \$84.00 (102) =	
If Amendment adds mu	ltiple depende	ent claims, add \$280	0.00 (104)	•	
Total Amendment Fee					
If small entity status is o	claimed, subt	ract 50% of Total A	mendment Fe	e	
POTAL ADDITIONAL		FOR THIS AMEN	DMESET		

]	A claim fee in the	amount of \$	is enclosed.
[]	Charge \$	to Deposit Account No	. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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Date: December 20, 2001